**FORM PTO-1083** 

Attorney Docket No.: 101.0044-03000

Customer No. 22882

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary Karlin Michelson, M.D.

Serial No: 09/497,590 Filed: June 6, 2000

APPARATUS INCLUDING A GUARD MEMBER HAVING A PASSAGE WITH A NON-CIRCULAR

CROSS SECTION FOR PROVIDING PROTECTED

ACCESS TO THE SPINE (as amended)

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3764 Art Unit:

Examiner: Michael Brown

Confirmation No.: 7688

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in response to the December 1, 2005 Office Action in the above-identified application.

No additional fee is required.

Applicant hereby requests a \*\*\*-month extension of time to respond to the above office action.

A Request for Interference Under 37 C.F.R. § 1.604 is enclosed.

The fee has been calculated as shown below:

|  | (Col. 1)<br>Claims remaining<br>After Amendment |                       | (Col. 2)<br>HIGHEST NUMBER<br>PREVIOUSLY PAID FOR |     | (Col. 3)<br>Present<br>Extra | LG/SM<br>\$ ENTITY FEE    |     | ADD'L<br>FEE DUE |   |
|--|---|-----------------------|---|-----|------------------------------|---------------------------|-----|------------------|---|
| TOTAL CLAIMS FEE   | 85  | $\lceil \cdot \rceil$ | 85  | -   | 0                            | LG=\$50 \$56<br>SM=\$25   | ,   | s                | 0 |
| INDEPENDENT<br>CLAIMS FEE  | 3   | -                     | 3   | *** | 0                            | LG=\$200 \$20<br>SM=\$100 | 0   | \$               | 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS  LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140 |   |                       |   |     |                              |                           |     | \$               | ٥ |
|  | 3-111111  |                       |   |     |                              | TOTA                      | AL. | \$               | ٥ |

If the entry in Col. 1 is less than the entry in Col. 2, write "0" In Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filled.

- Ø A fee in the amount of \$430.00 to cover the \$120 one-month extension fee, \$130 Petition fee, and \$180 IDS fee is to be charged to Deposit Account No. 50-3726.
- A check in the amount of \$\_\_\_ to cover the \*\*\*-month extension of time fee is enclosed.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.
  - Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
  - Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted, MARTIN & FERRARO, LLP

Date: March 31, 2006

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